

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	21/09/2020 12:00
Date Of Accident	20/09/2020 11:55
Exact Location Of Accident	ALONG AYE (SLIP RD) TO LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL654H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUA HONG PTE LTD
Co Reg No	200900309M
Email Address	CLAIMS@HUAHONG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-66619688

### Vehicle Particulars

Manufacturer	BMW
Model	320I AT ABS D/AB 2WD 4DR GAS/D SR
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5116291685-000003
Cover Note Number	

### Driver

Name of Driver	KIM HEE JU
NRIC No	S2564013F
Date Of Birth	28/01/1964
Occupation	INDOOR
Date Of Driving Pass	09/05/1989
Driving Experience	31 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96606509
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	19A HILLVIEW AVENUE #10-04
Postcode	669554
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTED VEHICLE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LEONG ZHEN REN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPOR

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SUBMIT TO NTUC INCOME
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4731S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOW SUAN CHEOK
NRIC/Passport Number	S1205199I
Contact Number	98536202

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KIM HEE JU  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLL654H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



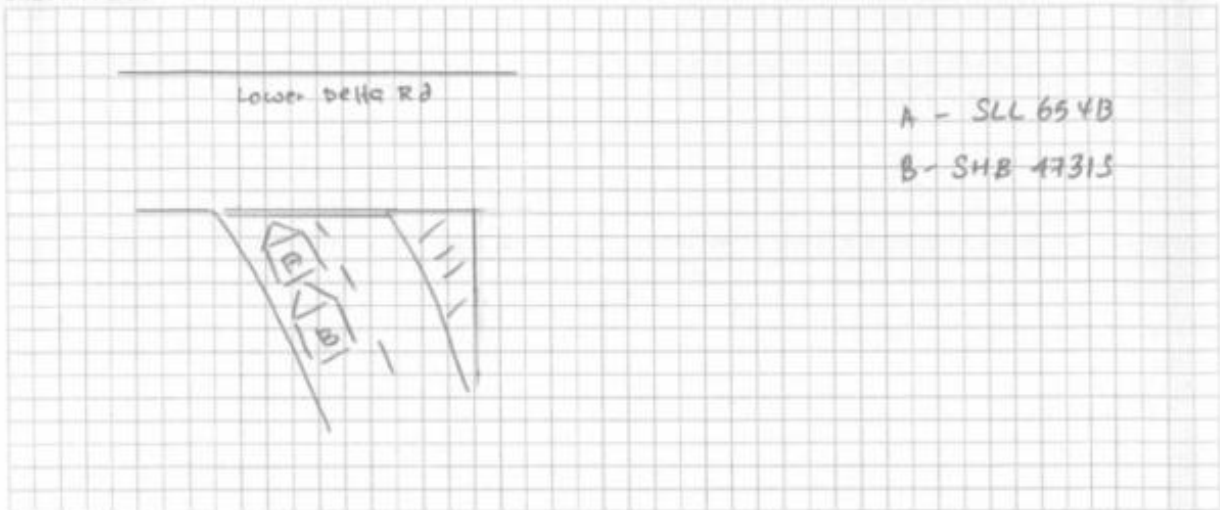
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 20/9/2020 1155
Accident Location : AYE (Slip Rd) to Lower Delta Road
I was driving along the mentioned location. At the Slip Road, I stopped my vehicle to check for oncoming traffic.
Few seconds later, I felt an impact on the rear portion, I noted that vehicle B had rear-ended onto my vehicle.
I felt pain on my body & will be seeking medical assistance later
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Claim at other workshop (OD/TP)

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

### \* IMPORTANT NOTE:

You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.



Policyholder's Signature  
Date & Time:

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200921/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200921/7010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2020 14:04		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KIM HEE JU			Address: 19A HILLVIEW AVENUE #10-04 SINGAPORE 669554		
ID Type / ID No.: NRIC NO / S2564013F			Contact No.: Home/Office: Mobile: 96606509		
Nationality: SINGAPORE CITIZEN			Email: HEEJUIRISG@YAHOO.CO.KR		
Sex: Female	Age: 56	Date of Birth: 28/01/1964	Type of Informant: Driver		
Race: Korean			Language: English		Institution / School Name:
Occupation: Translator			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/09/2020 11:55	Type of Location: Y-Junction
Location:  LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Rear-ended by Moving Vehicle			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB4731S	Taxi	TOYOTA		Yellow	Slightly Damaged	0
SLL654H	Car	BMW	320i	Silver	Slightly Damaged	1

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200921/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200921/7010

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL654H	NTUC Income Insurance Co-Operative Limited	5116291685-000003	04/04/2020	03/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LEONG ZHEN REN		ID No.	NIL
Related Vehicle	SLL654H (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	KIM HEE JU		ID No.	S2564013F
Related Vehicle	SLL654H (Car)		Contact No.	96606509
Hospital/Clinic	PHOENIX MEDICAL GROUP		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	21/09/2020		Date	21/09/2020
No. of Days granted Medical Leave		03	Degree of	Slight

### Brief Details.

I, driver of SLL654H, exited from AYE at the Lower Delta exit, and entered the slip road to exit onto Lower Delta Road, heading towards the direction of Jalan Bukit Merah. Upon reaching and stopping at the 'Give Way' line to check for oncoming traffic from the right side, taxi vehicle SHB4731S who was behind, failed to stop and rear-ended my vehicle. Photos of the accident were then taken and particulars were also exchanged for reporting purposes. I subsequently experienced neck and back pains, numbness of my arm and anxiety due to the accident. As a result, I have gone for a consultation with the doctor and was given 3 days medical leave for whiplash injury.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200921/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200921/7010

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
21/09/2020 14:04

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

